

# Heart Valve Voice Symptoms Tracker\*

This symptoms tracker has been developed to help people, who think they may be suffering from heart valve disease, to capture their symptoms, ahead of visiting their healthcare professional (HCP).

This resource provides you with a two-week diary that enables you to track your symptoms and potential associated factors in a quick and easy way.

Knowing your symptoms, their frequency and the associated factors can be a very helpful talking point when visiting your GP and may enable them to more easily assess the cause and severity of your symptoms.

**REMEMBER:** The symptoms of heart valve disease can be similar to the symptoms of other forms of heart disease or problems with the lungs. Therefore, in addition to sharing your symptoms diary, **it is important that you ask your doctor to give you a heart health check up by using a stethoscope to listen to your chest.**

## SYMPTOMS DIARY

To help you better communicate your symptoms to your GP and to enable them to make an informed assessment, it is important to track your symptoms.

Two weeks before your scheduled appointment please print this document and fill it out to the best of your ability. The tables allow you to track your symptoms as well as, the lifestyle factors that may have contributed to your symptoms; both equally important when assessing the cause of your symptoms. Please fill in as many days as you can.

*\*Heart Valve Voice is providing suggested questions and symptoms of heart valve disease in order to help patients speak to their GP. This resource is by no way conclusive and should not be used to self-diagnose heart valve disease or other conditions.*



# MONDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors:	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

**Additional notes** (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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# TUESDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors:	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

**Additional notes** (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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# WEDNESDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors:	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

**Additional notes** (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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# THURSDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors:	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

**Additional notes** (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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# FRIDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors:	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

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# SATURDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors:	None	Mild	Moderate	Severe
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# SUNDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
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